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**PARTICIPANT CONSENT FORM**

**Title of Project: The BILAG Biologics Prospective Cohort: Long-term Safety of New**

**Treatments in the Management of SLE**

SUPPLEMENTARY CONSENT FORM – GIFTING OF KIDNEY TISSUE IN PARAFFIN BLOCKS

**Name of Researcher: Professor Ian Bruce**

**Please initial box**

1. I understand that this consent form is for the part of the BILAG BR study concerning use of left over 'excess' kidney tissue for research into lupus. This consent form is in addition to the consent form I signed when I joined the BILAG-BR study.
2. I confirm that I have read and understand the supplementary patient information sheet 'BILAG BR supplementary PIS - renal tissue adults' dated 21/11/2018 Version 2.0 for the above study. I have had the opportunity to consider the information and ask questions and had these answered satisfactorily.
3. I understand that taking part in this part of the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.
4. I agree that my specialist Dr may provide the researchers with information from my Health Records that is relevant to this part of the study.
5. I understand that the paraffin block containing my kidney sample may contain information from which I can be identified. I understand that the block will be sent securely to a researcher at Imperial College London for analysis, and that the researcher has training and certification in confidential and secure handling of my personal information. I understand that the researcher will anonymise the small piece of my kidney and return the paraffin block securely to my hospital.
6. I agree to donate sample(s) of my excess kidney tissue stored in paraffin blocks, as described in the information sheet. I am willing to gift this tissue for research. I understand that RNA will be extracted from the collected sample(s).

* I agree to donate a sample of my excess kidney tissue already stored at the hospital
* I agree to donate future sample(s) of my excess kidney tissue

1. I agree that anonymised information about my kidney sample may be shared by the BILAG team with other collaborators (academic institutions or commercial organisations worldwide) to perform research that will lead to a greater understanding of the causes of and processes involved in SLE.

**…. continued overleaf**

1. I agree that any data collected from my kidney sample may be published anonymously in academic books or journals.
2. I understand that if I change my mind and withdraw consent from this study at a later date, any identifiable samples or data that have been donated or collected will be withdrawn from the study or destroyed. Any paraffin block containing my kidney sample will be returned to my hospital.
3. I agree my kidney sample can be used in this study.

Name of patient Date Signature

Name of Person taking consent Date Signature

*1 copy for patient; 1 copy for researcher; 1 copy to be kept with hospital notes*